

|   |                                |  |
|---|--------------------------------|--|
| <b><i>Index of Claims</i></b>   | <b>Application/Control No.</b> | <b>Applicant(s)/Patent Under Reexamination</b> |
|   | 10597973                       | GENTRIC, PHILIPPE                              |
|  | <b>Examiner</b>                | <b>Art Unit</b>                                |
|   | Amir Alavi                     | 2624   |

|   |                 |   |                   |   |                     |   |                 |
|---|-----------------|---|-------------------|---|---------------------|---|-----------------|
| ✓ | <b>Rejected</b> | - | <b>Cancelled</b>  | N | <b>Non-Elected</b>  | A | <b>Appeal</b>   |
| = | <b>Allowed</b>  | ÷ | <b>Restricted</b> | I | <b>Interference</b> | O | <b>Objected</b> |

|  |          |             |                              |                               |                                 |
|--|----------|-------------|------------------------------|-------------------------------|---------------------------------|
| <input type="checkbox"/> Claims renumbered in the same order as presented by applicant |          |             | <input type="checkbox"/> CPA | <input type="checkbox"/> T.D. | <input type="checkbox"/> R.1.47 |
| <b>CLAIM</b>   |          | <b>DATE</b> |                              |                               |                                 |
| Final  | Original | 08/13/2009  |                              |                               |                                 |
|  | 1        | ✓           |                              |                               |                                 |
|  | 2        | ✓           |                              |                               |                                 |
|  | 3        | ✓           |                              |                               |                                 |
|  | 4        | ✓           |                              |                               |                                 |
|  | 5        | ✓           |                              |                               |                                 |
|  | 6        | ✓           |                              |                               |                                 |
|  | 7        | ✓           |                              |                               |                                 |